



City of Cincinnati Board of Health Finance Committee

Wednesday, October 16, 2019

Room 324

Ms. Schroder, Chair of the Board Finance Committee, called the October 16, 2019 Finance Committee meeting to order at 3:30 PM.

Roll Call

Members present: Kate Schroder, chair, Amar Bhati, Robert Brown, Dominic Hopson, Melba Moore, Luwanna Pettus-Oglesby.

Topic	Discussion	Action/Motion
Approval of Minutes	<p>The Committee Chair asked the Committee members if everyone had the opportunity to review the minutes from the last meeting.</p> <p><u>Motion:</u> That the Board of Health (BOH) Finance Committee approve the minutes of the September 17, 2019 Board of Health Finance Committee Meeting.</p>	<p><u>Motion:</u> Schroder <u>Second:</u> Bhati <u>Action:</u> Passed</p>
Review of Contracts for October 29, 2019 BOH Meeting	<p>The Chair began the review of the contracts that will go to the BOH for approval.</p> <p>One City Against Heroin (OCAH) – This accounts payable contract is between OCAH and the Cincinnati Health Department (CHD) to provide Care Coordination services for patients of CHD who are opiate and other drug dependent in order that those persons may access addiction treatment and attain recovery from their addiction. The contract term is from October 1, 2019 – September 30, 2020. The dollar amount is \$65,000.</p> <p>Commissioner Moore attended the meeting, walked through the agreement, and answered questions from the Committee. OCAH has had a successful track record of outreach to those who suffer from addiction and connecting them to care. They initially started in Butler County and are expanding to areas in which CHD works. This partnership would allow CHD to expand outreach and increase the number of patients in the city who CHD is able to reach with addiction services. CHD proposes to contract with</p>	

	<p>them for one FTE as they have the experience in identifying and bringing in care coordinators. Through the agreement they identify, train, and bring people in. They will then work with CHD to work with the Quick Response Team (QRT) in Cincinnati. When a call goes out on an overdose this person will be in the loop and will try to bring the person suffering from the overdose into a system of care. This leverages what we are currently doing and increases our reach to bring people into Safe Places Cincy. There is a monthly reporting requirement, real time data with OCAH.</p> <p>The Chair asked how this is different from what we currently have? Commissioner Moore stated that now we are waiting for people to come in. Additionally, this staff person will be linked to the QRT to assist with bringing people in for treatment, adding one more piece.</p> <p>Dr. Bhati asked if OCAH has any data? Commissioner Moore stated that she would provide the Committee with reports. Mr. Brown asked if there was any data yet on Safe Places Cincy? Commissioner Moore stated that reports have been given to the Board of Health. She will provide report to CCPC and this Committee as well. Safe Places Cincy – 41 people have come through. CHD is also planning to reach out to our three partners to gather data on outcomes of patients referred (e.g., how many went into treatment, the time frame to get them into treatment, and how many people stayed in treatment, etc.). Mr. Hopson clarified that HIPAA limits how much information can be shared on individual patients, but that CHD will continue to gather and share what data and metrics can be obtained on progress to date.</p> <p>The Chair asked what the long-term vision is. Commissioner Moore stated while the contract with OCAH is only for one year, an assessment will take place to determine the effectiveness of the program and whether the agreement should be extended or if successful we may ask for a new FTE in the budget process.</p> <p><u>Motion:</u> That the Board of Health Finance Committee recommend this contract to the Board of Health.</p> <p>Ohio Department of Jobs and Family Services – Refugee Program – This accounts receivable contract is a new agreement between the Ohio Department of Job and Family Services and CHD. Compensation will be paid upon completion of a health exam as per the Core Screening Procedures for Refugees provided by ODJFS. The agreement is to provide payment for patient navigation services at \$200 and interpreting services at \$200 for a</p>	<p><u>Motion: Schroder</u> <u>Second: Bhati</u> <u>Action: Passed</u></p>
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	<p>total of \$400 for each completed screening. The Cincinnati Health Department will bill Medicaid directly for the cost of the exam. ODJFS estimates a total of 200 screenings will be completed during the three-year period. The contract term is from October 1, 2019 to September 30, 2020. The dollar amount is \$56,000.</p> <p>Mr. Hopson walked through the agreement and answered questions from the Committee. This is a full award that will last for a three-year period. CHD would be responsible for making sure that patients referred to us have received necessary vaccinations and other care needed to move into our community and be successful. The biggest difference is in how we receive payment. Payment used to be \$400 for each patient, now it's a \$200 payment, plus an additional \$200 for interpreters. Still receiving full funding for costs of services. Dr. Bhati asked how long before first extension. Mr. Hopson stated it was at least a year. Review of data from July thru September we saw 34 refugee patients and \$29,000 in funding.</p> <p><u>Motion:</u> That the Board of Health Finance Committee recommend this contract to the Board of Health.</p>	<p><u>Motion: Schroder</u> <u>Second: Brown</u> <u>Action: Passed</u></p>
<p>Update on Medicaid Cost Report</p>	<p>Ms. Li Liu stated that all the reports are completed including all 23 centers – a report is needed for each center including school-based health. Each report has a different schedule that required non-personnel expense, different categories (providers, nurses, etc.). Overall, the numbers are close to last year's numbers. Ms. Liu is comfortable with the numbers. Met with our consulting accounting firm Clark Schaefer Hackett (CSH) today. They will assist in a review. Mr. Hopson said CSH would review one school based and one community center report and provide feedback by next Wednesday to ensure we are submitting the data correctly. Went with AWL as that was more difficult as we added services and Price Hill. Submit to Medicaid by Thursday next week, Friday at latest. The chair requested that CHD report back to the committee if for any reason the report is delayed beyond this timeline.</p> <p>Commissioner Moore stated that CHD is looking at strengthening consistency in coding between our RNs and providers. This is important to minimize manual data entry/corrections. CHD is discussing a consulting engagement CSH to identify opportunities for improvement. CHD will come back to committee with proposed scope of the engagement. Depending on cost it may need to be included in the next budget.</p>	

	<p>Mr. Brown asked what the primary purpose for the consulting agreement? Commissioner Moore stated to review our processes and procedures in place in order to prepare for the audit: audit prep. The Chair stated that CHD used to be audited with the rest of the City, but this is the first time CHD will be audited on its own. Chair asked when would the CSH engagement be? Commissioner Moore stated it would be prior to the start of the audit. This is an audit conducted internally by the City. Ms. Liu said the state audit begins after the end of the fiscal year – August. Commissioner Moore stated now is the time to identify the funding for the CSH audit prep.</p> <p>The Chair stated that the next steps for the Medicaid Cost Report is that CSH is conducting the review and will provide feedback by Wednesday. If something big comes up, please alert the Committee. The Chair asked what the dollar amount would be? Mr. Hopson stated that we do not know what we will receive yet. It depends on the formula and the level of funding Medicaid has. We will receive a preliminary payment after the report is submitted. It will then be audited, and if the audit calls for it, the amount will be adjusted. Payment was received in February last year. The Chair expressed the thanks of the Committee to everyone that worked on this, especially Ms. Liu.</p>	
Community Tobacco Update	<p>Ms. Tonia Smith reported on work of Dr. Ige. From August through September of this year there was a community survey conducted to assess attitudes towards smoking. This was a requirement of the grant. 389 surveys were conducted, mostly female, mostly Caucasian, followed by African Americans. Significantly, of those completing the survey, 20 percent had a household income of less than \$20,000 a year, and these households were more likely to use tobacco products. Data from the survey allows us to determine community readiness for messaging and policy. Ages 18 – 25 were a majority of the respondents.</p> <p>The Chair asked if this was an online survey. Ms. Smith stated that there was also a link, and for those without access to the internet, Dr. Ige and Mr. Stafford physically took down their answers and entered the data. Many people are in favor of restricting where people can use tobacco products and adding age restrictions. More education is needed around e-cigarettes and outdoor tobacco use. Respondents had a high awareness of how important it is to protect youth from tobacco company messaging.</p> <p>Commissioner Moore stated that college-age individuals represent a large amount of e-cigarette use. Tobacco 21</p>	

	<p>will make it harder for young people to gain access to cigarettes, making it harder for young people to pick up the nicotine habit. By the time they are 21 or older, they will be less likely to pick up the habit.</p> <p>Mr. Brown asked if Ohio has a large percentage of smokers? Ms. Smith stated that Ohio does have one of higher rates of smoking and a higher percentage of younger people who smoke. The Chair asked that future surveys include the same questions to be able to track trends. She asked Ms. Smith what the main takeaways from the survey were? Ms. Smith said that the community understands the importance of keeping tobacco products away from young people and to protect nonsmokers from secondhand smoke.</p> <p>The Chair asked what the biggest surprise to come out of the survey? Ms. Smith said the willingness of allowing people to smoke in outdoor spaces. Dr. Bhati asked if there was a difference in the response between smokers and non-smokers? Ms. Smith said that, while it did not come out in this survey, in her experience while smokers are in support of policies limiting where someone can smoke, they do want to be able to smoke in their apartments and homes. Work cut out for us in finding messages and finding the best methods for distributing those messages. Dr. Bhati stated that e-cigarettes and vaping is a huge problem as youth do not see the harm with those. Mr. Hopson asked if the survey was conducted previously? Ms. Smith said it was but may not have included the same questions. Mr. Hopson would like to see future surveys for comparison purposes and asked what is our message? Ms. Smith said that cancer is not an effective message, too far off in the future. What young people are concerned about are yellow fingernails, yellow teeth, not smelling good, not being attractive, athletic performance, and money.</p>	
Dashboard Update	<p>Last month, Mr. Dominic Hopson discussed difficulties with putting together the dashboard. He and other staff members met with City finance people and discussed how to build reports that leverage existing data and minimize manual manipulation needed. The accounts receivable (AR) data we get directly from OCHIN.</p> <p>On AR, we are where we expected to be. Primary issue is the self-pay \$1.8 million and how that weighs on AR. Consistent with what we see with our counterparts across the state. Everyone in Ohio, according to OCHIN, is having issues regarding the timeliness of Medicaid reimbursement. This appears to be an issue in the state and our state association is looking into it.</p>	

	<p>Mr. Brown asked when to write off the self-pay? Mr. Hopson stated that historically we wrote them off after six months (180 days). However, CHD stopped that practice since it did not make sense as we never sent a statement to a self-pay patient. We have arranged an agreement with OCHIN where they will bill self-pay patients beginning December 1. Prior to that, a letter will be sent to patients to make them aware of this new policy. We will need to write off anything older than a year. Three or four statements will be sent to self-pay patients requesting payment. If, after 90 days, we receive no payment, then OCHIN will attempt to collect the debt. This will have no impact on our bottom line as OCHIN will get 5% of anything collected, which is what they currently charge for our regular billing process. After 12 months, the debt will be sent to a credit agency who would get a higher percentage – 20 percent – if anything collected, but the agency would not harm the patient's credit score. When it reaches this point, it gets removed from our AR.</p> <p>Mr. Brown asked about the insurance claims that are over 211 days? Mr. Hopson stated that a lot are tied to CareSource and AWL. CareSource never added dental to the AWL location. We informed staff if there is an issue that they are unable to resolve to bring it to Mr. Hopson so he can elevate it. Providers are credentialed with CareSource but not for that location. CHD will be reimbursed regardless of time as it is a CareSource error.</p> <p>Mr. Brown asked if there is a process for dealing with disputed claims? Mr. Hopson stated that OCHIN, as our biller, managed that. We are looking to leverage their partnership more as most rejected claims are because of incorrect insurance information and coding issues. Front desk needs to scan in the insurance card of every patient that comes in. OCHIN will provide staff training.</p> <p>The Chair asked if we saw a trend? Mr. Hopson stated that we do not currently have trend information, but as we get this information monthly, we can pull it out and put in a chart form. The Chair asked if this number or trend would raise a red flag during an accreditation audit? Mr. Hopson said no, the auditors are looking at provided care. Even the financial audit is more about are the right things going to the right account than about the revenue cycle.</p> <p>The Chair expressed concern about the potential impact on patients' credit scores. Do we still own data? Could someone buy the data and have that get back to our patients? Mr. Hopson said that the only outside</p>	
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	<p>organization that would be involved will be our UC partner. Mr. Brown said we need to be sensitive as cost sharing can be a barrier to treatment. Dr. Bhati asked if we can put someone with cost sharing issues on a payment plan on day one? Commissioner Moore stated that we are working to have our front staff trained to have that conversation at the door. The first person will check them in, but if they check the box on cost sharing can talk with someone else and be moved away from the front desk. Mr. Hopson says that we cannot turn someone away because they do not pay their copay. But we have an obligation to City rate payers and to our Federal sponsors to try and recoup some payment from those who have the ability to pay. We already have a sliding scale payment system based on income so if someone cannot afford the copayment, they will not be billed. We need to separate an inability to pay from an unwillingness to pay.</p>	
Commissioner Update	<p>Commissioner Moore reported that the Director of Finance position is going through the VR process. The process is that HR reviews the position and it goes through seven steps before final approval is given to post the position. HR has not met yet but will discuss it at their monthly meeting next week. The proposed process is that the City's budget and finance departments would provide two people to interview the first set of candidates as determined by a review of resumes by HR – they will forward all of those who meet the minimal qualifications. This first round should return three candidates. The next step would be to have budget and finance again provide two people and to include people from CHD as well. This is a process similar to the process used previously. The Chair recommended considering having someone from the CHD finance department be involved as part of the process, to help offer input and build buy-in if/where valuable in the process. The Chair also suggested that while the committee could recommend who the final selection should be, it may be better to have the Commissioner make the final selection as she can consider culture and best fit for working with the leadership and the rest of the team. The Commissioner suggested that at the second step have two from the City's finance and budget offices, two board members, and two staff members. The Chair suggested giving thought to the optimal size of the panel, as larger panels can sometime reduce the quality and depth of the dialogue. HR can provide guidance on developing an effective process.</p>	
Review Action Items	<p><i>Ask Voice of Media can track tobacco usage demographics.</i> Information was provided earlier in the meeting.</p>	

	<p>Committee asked for an update after the next survey with comparable data. <i>Status: Complete</i></p> <p><i>Consultant proposal for strategic planning to Committee</i> Commissioner Moore said that regarding the strategic plan, they met with the consultant earlier. She asked if the Committee wanted to see the actual consultant's proposal. She agreed to send it to the Committee. A survey was sent to all employees to weigh in on the mission/vision statements and the core values. Goal is to ensure CHD strategic plan is in alignment will the City Manager's performance matrixes, the school system's and the matrixes used by other partners. Mr. Brown stated that CCPC was working on performance matrixes for Mr. Hopson and those will align with the strategic plans. Their timeline needs to be adjusted so that they can have access to the data used in the strategic planning process. Also going to overlay civil service requirements. Elements that should be included in a system-wide strategic plan.</p> <p>Commissioner Moore shared with the consultant that bringing the two boards together would be best done on a Saturday. <i>Status: Ongoing</i></p> <p><i>Meet with Clark Schaefer Hackett on Medicaid Cost Report.</i> <i>Status: Complete</i></p> <p><i>Review dashboard and determine what matrixes can be updated monthly relatively easily.</i> <i>Status: Complete</i></p>	
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Meeting Adjourned 5:01 p.m.
Next Meeting November 19, 2019 at 3:30 p.m. in room 324
Minutes prepared by Jon Lawniczak